2015-003549Klamath County, Oregon



04/16/2015 09:57:00 AM

Fee: \$57.00

Prepared By and Upon Recording, Return to:

Verizon Wireless Shea DeClerk Halbert One Verizon Drive, B4F06SJ Little Rock, AR 72202 Site ID: Klamath Falls North / 187279

STATE OF OREGON	
)
COUNTY OF KLAMATH COUNTY)

AMENDED MEMORANDUM OF LEASE AGREEMENT

This AMENDED MEMORANDUM OF LEASE AGREEMENT ("Amended Memorandum") is made this 4th day of 2015, between Sky Lakes Medical Center, Inc and Klamath Medical Business Center, LLC, both with a mailing address of 2865 Daggett Avenue, Klamath Falls, OR 97601, hereinafter referred to collectively as "LESSOR", and Verizon Wireless (VAW) LLC, a Delaware limited liability company, d/b/a Verizon Wireless, hereinafter referred to as "LESSEE". LESSOR and LESSEE are at times collectively referred to hereinafter as the "Parties" or individually as the "Party".

- 1. LESSOR and LESSEE entered into that certain Communications Facility Agreement (the "Lease") on October 4, 2007, whereby LESSEE leased from LESSOR a portion of that certain property located at 2909 Daggett Ave., Klamath Falls, Klamath County, Oregon, as documented by that certain Memorandum of Lease Agreement dated October 4, 2007, and recorded as Document No. 2007-018863 of the Public Records of Klamath County, Oregon (the "Memorandum").
- 2. LESSOR and LESSEE have entered into that certain First Amendment to Communications Facility Agreement dated <u>February 4</u>, 2015, and desire to amend the Memorandum as more fully set forth herein.
- 3. The Lease is currently in the first five-year extension term which is set to expire on March 31, 2015. Following the expiration of the current term, the Lease shall automatically be extended for three additional, successive five-year extension terms unless LESSEE notifies LESSOR, in writing, of LESSEE'S intention not to renew at least 30 days prior to the end of the then current term.

4. Except as necessary to conform hereto, all of the terms and conditions of the Memorandum shall remain in full force and effect, and shall extend to and be binding upon the respective executors, administrators, heirs, successors and assigns of LESSOR and LESSEE.

IN WITNESS WHEREOF, hereunto and to a duplicate hereof, LESSOR and LESSEE have caused this Amended Memorandum to be duly executed on the date first written hereinabove.

	<u>LESSOR</u> :
WITNESSES:	Sky Lakes Medical Center, Inc.
Signature Lisa C. Avila Print Name	By: Recold L. Print Name: Alichard E. Rico Title: C. F.3 Date: Z/4/15
Signature	
Print Name	_
WITNESSES:	Klamath Medical Business Center LLC
951	_ By:
Signature	Print Name: MAGGIE POLDA
Grant Kennon	Title: TMFQIM (60
Print Name	Date: 2/4//5
Signature	<u> </u>
Print Name	_
	<u>LESSEE</u> :
	Verizon Wireless (VAW) LLC
WITNESSES:	d/b/a Verizon Wireless
WITHESSES:	B
Signature	By:Name: Brian Mecum
Print Name	Title: Area Vice President Network
i ina mane	Date:
Signature	_
Print Name	_

STATE OF () Y L 9 ON)	
county of Llamath	LESSOR ACKNOWLEDGMENT
I, Renel Staffler, do hereby certify the this day and acknowledged that he is the Triterm C	JED of <u>CCCI LMBC</u> , a
, and that he, as foregoing AMENDED MEMORANDUM OF LEASt personally known to me.	, being authorized to do so, executed the SE AGREEMENT on behalf of the corporation. He is
WITNESS my hand and official Notarial Seal,	this 4th day of February, 2015
	Notary Public
My Commission Expires: December 01, 2018	OFFICIAL STAMP RENEE MARGARITE STAFFLER NOTARY PUBLIC-OREGON COMMISSION NO. 024142
STATE OF ONGON	MY COMMISSION EXPIRES DECEMBER 07, 2018
COUNTY OF L'Iamath	LESSOR ACKNOWLEDGMENT
I, Repul Staffer , do hereby certify the this day and acknowledged that he is the CFO , and that he, as	personally came before me of Synaks medical Circle, a being authorized to do so, executed the
	SE AGREEMENT on behalf of the corporation. He is
WITNESS my hand and official Notarial Seal,	this 4th day of tebruary, 20 15
	W Steph
My Commission Expires:	Notary Public
	OFFICIAL STAMP RENEE MARGARITE STAFFLER NOTARY PUBLIC-OREGON COMMISSION NO. 934142 MY COMMISSION EXPIRES DECEMBER 07, 2018

NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF ORANGE

Public, personally appeared Brian Mecum who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

RUTH L. CONCEPCION
Commission # 2070644
Notary Public - California
Orange County
My Comm. Expires Jun 7, 2018

Place Notary Seal Above